



Your business
is our business.

7852 Walker Drive, Suite 200
Greenbelt, Maryland 20770
phone: 301-459-7590, fax: 301-577-5575
internet: www.jsitel.com, e-mail: jsi@jsitel.com

July 3, 2017

VIA Electronic Comment Filing System

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

**Re: WC Docket No. 14-58
2017 ETC Annual Report of Oklahoma Western Telephone Company dba
Oklahoma Western Cellular
Study Area Code 439024**

Dear Ms. Dortch:

On behalf of Oklahoma Western Telephone Company dba Oklahoma Western Cellular ("Company"), JSI files the attached FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.¹

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall
JSI Vice President
301-459-7590
jkuykendall@jsitel.com

¹ 47 C.F.R. §§ 54.313, 54.422.

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	439024
<015>	Study Area Name	OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR - CL
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Dean Pennello
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5805295000 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	dean.pennello@hillcom.net
	Form Type	54.313 and 54.422

<010>	Study Area Code	439024
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No

Page 2

**(300) Unfulfilled Service Request
Data Collection Form**

 FCC Form 481
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dean.pennello@hillcom.net

<300> Unfulfilled service request (voice)

0

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband)

<330> Detail on attempts (broadband)

Name of Attached Document

<010>	Study Area Code	439024
<015>	Study Area Name	OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR - CL
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<035>	Contact Telephone Number - Number of person identified in data line <030>	5805295000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dean.pennello@hillcom.net
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. Offered only mobile voice	
<410>	Complaints per 1000 customers for fixed voice	
<420>	Complaints per 1000 customers for mobile voice 0 . 0	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<440>	Complaints per 1000 customers for fixed broadband	
<450>	Complaints per 1000 customers for mobile broadband	

<010>	Study Area Code	439024
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<035>	Contact Telephone Number - Number of person identified in data line <030>	5805295000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dean.pennello@hillcom.net
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
439024ok510.pdf		
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	
<515>	Certify compliance with applicable minimum service standards	

(600) Functionality in Emergency Situations		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	dean.pennello@hillcom.net
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	439024ok610.pdf

<010>	Study Area Code	439024
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dean.pennello@hillcom.net

<701>	Residential Local Service Charge Effective Date	1/1/2017
<702>	Single State-wide Residential Local Service Charge	

-- See attached worksheet

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[illegible]

**(800) Operating Companies
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	dean.pennello@hillcom.net
<810>	Reporting Carrier	Oklahoma Western Telephone Company dba Oklahoma Western Cellular
<811>	Holding Company	Hilliary Acquisitions 2016
<812>	Operating Company	Oklahoma Western Telephone Company dba Oklahoma Western Cellular

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	dean.pennello@hillcom.net

<900> Does the filing entity offer tribal land services? (Y/N) Yes

<910> Tribal Land(s) on which ETC Serves

 Choctaw Nation

<920> Tribal Government Engagement Obligation

 439024ok920.pdf

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

**(1000) Voice and Broadband Service Rate Comparability
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	dean.pennello@hillcom.net

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance

Name of Attached Document

<1020> Broadband comparability certification

<1030> Attach detailed description for broadband comparability compliance

Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<1100> Certify whether terrestrial backhaul options exist (Y/N)

Yes

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	dean.pennello@hillcom.net

439024tx1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | | |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

(2005) Price Cap Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

July 2013

<010>	Study Area Code	439024
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Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2011> 3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.
- <2022> Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.
- <2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.
- <2024A> Round 2 Recipient of Incremental Support?
- <2024B> Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.
- <2025A> Round 2 Recipient of Incremental Support?
- <2025B> Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).
- <2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

Name of Attached Document Listing
Required Information

Name of Attached Document Listing
Required Information

(2005) Price Cap Carrier Additional Documentation

FCC Form 481

Data Collection Form

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Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

July 2013

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

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<039>	Contact Email Address - Email Address of person identified in data line <030>	dean.pennello@hillcom.net

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)	
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}	
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No) <input type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No) <input type="radio"/> <input type="radio"/>
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:	
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No) <input type="radio"/> <input type="radio"/>
	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	
(3019)	Either a copy of their audited financial statement; or	<input type="checkbox"/>
(3020)	(2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>
(3021)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3022)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.	
	If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.	<input type="checkbox"/>
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information

(3005) Rate Of Return Carrier Additional Documentation (Continued)

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

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<039>	Contact Email Address - Email Address of person identified in data line <030>	dean.pennello@hillcom.net

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

<010>	Study Area Code	439024
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4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission’s public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information

**Certification - Reporting Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039> Contact Email Address - Email Address of person identified in data line <030>	dean.pennello@hillcom.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>JSI</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	<u>JSI</u>
Name of Reporting Carrier:	<u>OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR - CL</u>
Signature of Authorized Officer:	<u>CERTIFIED ONLINE</u> Date: <u>06/30/2017</u>
Printed name of Authorized Officer:	<u>Dean Pennello</u>
Title or position of Authorized Officer:	<u>CFO</u>
Telephone number of Authorized Officer:	<u>9185694111 ext.</u>
Study Area Code of Reporting Carrier:	<u>439024</u> Filing Due Date for this form: <u>07/03/2017</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	<u>OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR</u>
Name of Authorized Agent Firm:	<u>JSI</u>
Signature of Authorized Agent or Employee of Agent:	<u>CERTIFIED ONLINE</u> Date: <u>06/30/2017</u>
Name of Authorized Agent Employee:	<u>Diane Longenecker</u>
Title or position of Authorized Agent or Employee of Agent	<u>Staff Director - Regulatory Affairs</u>
Telephone number of Authorized Agent or Employee of Agent:	<u>5123380473 ext.535</u>
Study Area Code of Reporting Carrier:	<u>439024</u> Filing Due Date for this form: <u>07/03/2017</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

Oklahoma Western Telephone Company dba

Oklahoma Western Cellular

Study Area Code: 439024

Response to Line 510 - Service Quality Standards and Consumer Protection Rules

Compliance – Voice and Broadband Service

In establishing this certification in its *2005 ETC Order*,¹ the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”² The FCC found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement and that the sufficiency of other commitments would be considered on a case-by-case basis.³ In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”⁴

Oklahoma Western Telephone Company dba Oklahoma Western Cellular (“Company”) hereby certifies that it is complying with applicable service quality standards and consumer protection rules. The Company complies with current service quality and consumer protection provisions under state and federal law. These provisions include, but are not limited to, the

¹ *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

² *Id.* at para. 28.

³ *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy.” *Id.* at n. 71.

⁴ *Id.* at n. 72.

following: 1) the minimum directory requirements (OAC 165:55-7-1(e) (1); 2) the Truth-in-Billing Rules 47 CFR § 64.2401, as required in the OCC rules at OAC 165:55-9-1; 3) CPNI rules, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

For its broadband service, Company hereby certifies that while there are no applicable state broadband service quality standards and consumer protection rules yet established under the Oklahoma Administrative Code, the Company discloses rates, terms and conditions on its public web site and the Company complies with federal and state customer protection standards generally applicable to all businesses operating in Oklahoma. In addition, the Company adheres to consumer protection obligations for broadband services under federal law. These obligations include, but are not limited to, the following: public disclosure of accurate information regarding network management practices, performance, and commercial terms of broadband internet access services; as a means of providing sufficient information for consumers to make informed choices regarding use of such services, and for content, application, service and device providers to develop, market, and maintain internet offerings as specified in F.C.C. 47 C.F.R. Part 8 §8.3. The Company furthermore will comply with all requirements set forth in the *2015 Open Internet Order*, as it applies to the Company.

Oklahoma Western Telephone Company dba

Oklahoma Western Cellular

Study Area Code: 439024

**Response to Line 610 - Ability to Function in Emergency Situations for Voice and
Broadband**

Oklahoma Western Telephone Company dba Oklahoma Western Cellular (“Company”) hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2).¹ The Company’s network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations also allows the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, the Company is able to function under emergency operations in accordance with Title 165, Chapter 55 of the Oklahoma Corporation Commission (OCC) regulations, which include the following subparts specific to emergency operations and adequacy of equipment:

1. 165:55-13-20. Responsibility for adequate and safe service
2. 165:55-13-22. Emergencies
3. 165:55-13-23. Adequacy of service
4. 165:55-13-24. Adequacy of equipment

¹ Section 54.202(a)(2) requires ETCs that are designated by the Commission to “demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.”

5. 165:55-13-50. Service standards; sufficient operating and maintenance force
6. 165:55-13-53. Restoration of service plan

These rules require telecommunications service providers to maintain their networks and facilities so as to render safe, efficient, and continuous service, and to make adequate provision for emergencies in order to prevent interruption of continuous telecommunications service. The OCC rules also require that telecommunications service providers equip their central office facilities with an emergency power source, either on the premises or available on short notice. Finally, the OCC rules require all telecommunications service providers to have a written restoration of service plan, available for review upon request. The Company complies with all of the aforementioned OCC rules and federal regulations.

While these regulations do not specifically apply to broadband providers and services, the Company's Restoration of Service Plan and emergency power and facilities support both voice and broadband network equipment in the event of an emergency situation.

(700) Price Offerings including Voice Rate Data Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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July 2013

<701>	Residential Local Service Charge Effective Date	1/1/2017
<702>	Single State-wide Residential Local Service Charge	

[illegible]

(800) Operating Companies Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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July 2013

[illegible]

**Oklahoma Western Telephone Company dba
Oklahoma Western Cellular**

Study Area Code 439024

Response to Line 920- Tribal Engagement Obligation

Oklahoma Western Telephone Company (“Company”) serves the Choctaw Nation located in southeast Oklahoma. The Company reached out to the Choctaw Nation to initiate discussion of the Choctaw Nation’s needs assessment and deployment planning, feasibility and sustainability planning, culturally-sensitive marketing methods, land use processes and compliance with Tribal business requirements per of 47 C.F.R. §54.313(a)(9). The Company has attached a written statement to evidence its communication with the Choctaw Nation in 2016.

The Choctaw Nation has been named one of President Obama’s “Promise Zones,” requiring the Choctaw Nation to partner with local entities to bring economic opportunity to the area. The Company looks forward to continuing to work with the Choctaw Nation to advance its goals, by continuing to bring advanced telecommunications services and broadband services to all individuals and small businesses within the Company-served areas of the Choctaw Nation.

OKLAHOMA WESTERN TELEPHONE COMPANY
102 EAST CHOCTAW PO BOX 399
CLAYTON, OKLAHOMA 74536
(918)569-4111

June 10, 2016

Choctaw Nation of Oklahoma
Attn: Chief Gary Batton
529 N 16th Ave
Durant, OK 74701

Re: Request for meeting to discuss the communication needs of your Tribal Community

Dear Chief Batton,

As required by the FCC, regarding Oklahoma Western Telephone Company, we would like to request a meeting to make sure that the communication needs of your Tribal members and all institutions operated by your Nation are met. In order to accomplish this I would like to have a meeting with you and/or others you designate to discuss a needs assessment and deployment planning for the communications needs of your Tribal members and Tribal government institutions. Oklahoma Western Telephone Company is not only the authorized telecommunications provider for some of your Tribal lands but our company provides a full array of communications services, including broadband services, internet access and voice telephone service.

I would like to discuss, at a minimum, the following areas:

1. The communications needs of Tribal Community anchor institutions.
2. Feasibility and sustainability planning for your communication needs.
3. Marketing of our services to Tribal members
4. Right of way issues, if any, associated with our provisioning of services to tribal members and/or institutions operated by the Nation.

5. Our compliance with Tribal business and licensing requirements, if any.

6. Other items you wish to discuss.

I would like to schedule a meeting at your earliest convenience. Please contact me at the below phone number or email address so we select the time and location that will best fit with your schedule.

A handwritten signature in cursive script, appearing to read "Pauline Van Horn".

Pauline Van Horn
Oklahoma Western Telephone Company
918-569-4111
Pvanhorn.owtc@gmail.com

Oklahoma Western Telephone Company dba

Oklahoma Western Cellular

Study Area Code: 439024

Rates, Terms and Conditions for Lifeline Service

(Response to Form 481, Line 1210)

Local exchange service rates and charges as specified below are for basic local exchange service, including Tone Dialing Service, and facilities only. The rates for other ancillary services not specifically shown below are presented in Oklahoma Western Telephone Company dba Oklahoma Western Cellular's tariff(s) on file with the Oklahoma Corporation Commission. Unless otherwise specified, the rates and charges quoted below are for a period of one month, payable in advance and provide unlimited flat rate calling within the local exchange calling scope.

Residential Local Exchange Access Line Rates are provided in Line 700 included herein this ETC Annual Report. The residential local service rates listed in Line 700 do not include all mandatory taxes, fees and surcharges, including, but not limited to, state and local taxes, 9-1-1 fees and municipal franchise fees. Qualified Lifeline customers are eligible for Lifeline credits or discounts as outlined in the attached Lifeline tariff.

**PHOENIX COMMUNICATIONS
LIFELINE/LINKUP AMERICA
AUTHORIZATION AND CERTIFICATION FORM
PO BOX 399 CLAYTON, OKLAHOMA 74536**

Federal law requires that you complete and sign this certification form in order to be enrolled and/or continue to be enrolled in the federal Lifeline and Link Up America programs. This authorization and certification is only for the purpose of enrolling you in these programs and will not be used for any other purpose.

Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Only one Lifeline service is available per household. A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household limitation constitutes a violation of FCC rules and will result in the subscriber's de-enrollment from the program.

Lifeline service is a non-transferable benefit, and a Lifeline subscriber is prohibited from transferring their Lifeline service to any other person.

FAILURE TO COMPLETE THIS CERTIFICATION FORM AND RETURN IT TO HILLIARY COMMUNICATIONS WITHIN 30 DAYS WILL RESULT IN YOUR DE-ENROLLMENT FROM THE LIFELINE BENEFIT PROGRAM AND WILL CAUSE YOU TO BE SOLELY RESPONSIBLE FOR MONTHLY CHARGES FOR YOUR SERVICE.

A. CUSTOMER/APPLICANT INFORMATION (Please print)

Applicant's **Full Name** _____

Applicant **Telephone Number** _____

Applicant's **Service Address** (No PO Boxes):

Street: _____ City _____ State _____ Zip Code _____

This address is my ☐ Permanent or ☐ Temporary address. (check one)

Do you live at an address at which there are multiple households (for example, a nursing home or group home)?

☐ Yes ☐ No (If yes, you must complete a supplemental form to determine your eligibility)

Applicant's **Billing Address**, if different from service address (may include a post office box):

Street Address: _____ City _____ State _____ Zip Code _____

Applicant's Date of Birth _____

Last four digits of Applicant's Social Security Number or Tribal identification number: _____

B. PROGRAM-BASED ELIGIBILITY (CHECK ALL THAT APPLY)

I hereby certify that I qualify for and receive benefits from at least one of the following programs

_____ Medicaid (*SoonerCare*)

_____ Supplemental Nutrition Assistance Program (SNAP)

_____ Supplemental Security Income (SSI)

_____ Federal Public Housing Assistance (FPHA)

_____ Veterans or Survivors Pension Benefit

_____ Bureau of Indian Affairs General Assistance

_____ Tribally administered Temporary Assistance for Needy Families (TANF)

- _____ Head Start Programs (only applicant or customer who satisfies the income qualifying eligibility provision)
- _____ Food Distribution Program on Indian Reservations (“FDPIR”)

C. INCOME-BASED ELIGIBILITY

_____ My household income is at or less than 135% of the federal poverty level; there are ____ individuals in my household.

Federal Poverty Guideline Information

Household Size	48 Contiguous States and D.C.
1	\$16,281
2	\$21,924
3	\$27,567
4	\$33,210
5	\$38,853
6	\$44,496

For each additional person, add \$5,616

D. YOU MUST READ AND INITIAL THE STATEMENTS BELOW

_____ I certify that I meet the income-based or program-based eligibility under one of the above criteria for receiving Lifeline Service

_____ I certify that I will notify Phoenix Communications within 30 days if for any reason I no longer satisfy one of the above criteria for receiving Lifeline Service, including if my income exceeds the federal poverty guidelines above, if I no longer receive benefits from one of the programs described above, if I am receiving more than one Lifeline Service benefit, or if another member of my household is receiving a Lifeline Service benefit.

_____ I certify that I live on Tribal Lands (as defined in 47 C.F.R. § 54.400(e)).

_____ I certify that if I move to a new address, I will provide that address to Phoenix Communications within 30 days.

_____ I certify that my household will receive only one Lifeline Service and to the best of my knowledge, my household is not already receiving a Lifeline Service.

_____ I certify that the information contained herein is true and correct to the best of my knowledge.

_____ I certify that I may be required to re-certify my continued eligibility for Lifeline Service at any time and my failure to re-certify as my continued eligibility will result in de-enrollment and termination of my Lifeline Service benefits under 47 C.F.R. § 54.405(e)(4).

_____ I certify that I have provided proof of eligibility to Phoenix Communications.

I certify that the above information is true and correct to the best of my knowledge and I authorize Phoenix Communications to transmit any information from this form to any authorized governmental entity or its designee handling the National Lifeline Accountability Database. I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program. (Failure to provide consent will result in being denied Lifeline service.)

Signature of Applicant/Subscriber

Date

For Company Use Only

New ☐ Recertification ☐ Photo ID Verified ☐ Proof of Residency Verified ☐

Type of ID Reviewed: _____

Type of Proof of Residency: _____

Type of Documentation Reviewed: _____

Method Documentation was Provided: Fax ☐ Mail ☐ Electronically ☐ In Person ☐

Account# _____ NLAD Enrolled _____

Name of Employee Who Verified Eligibility: _____

Date Reviewed: _____

Notes: